

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 10R-3

BRIEF TITLE

APPROVED DEADLINE

REASON

Southeast Community College  
Agreement

## DETAILS

## POSITIONS/RECOMMENDATIONS

Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department to provide clinical training for public health nursing students and dental assistant students. Term of Agreement: September 1, 2009 - August 31, 2012.	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	Applicant  City Department  Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/>
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:                      \$ COST of this Ordinance/Resolution                      \$
		RELATED annual operating Costs                      \$
		INCREASE REVENUE EXPECTED/YEAR                      \$
	<b>SOURCE OF FUNDS</b>	CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %
NON CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %		
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot                      Average Assessment		
<input type="checkbox"/> Square Foot    \$ _____                      \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER